

MONTANA BOARD OF VETERINARY MEDICINE

EUTHANASIA TECHNICIAN CERTIFICATION

THIS IS AN INFORMATION SUMMARY SHEET ONLY. THE APPLICANT IS RESPONSIBLE FOR READING THE COMPLETE STATUTES AND RULES PRIOR TO MAKING APPLICATION. APPLICATIONS MUST BE APPROVED BY THE BOARD THROUGH THE MAIL. AVERAGE APPROVAL/DENIAL TIME, AFTER RECEIPT OF ALL REQUIRED DOCUMENTATION, IS TWO WEEKS.

A. REQUIREMENTS FOR CERTIFICATION:

EUTHANASIA TECHNICIAN

Applicant must:

1. have successfully completed a board-approved training program taken within three years from the application date;
2. have successfully completed a board-approved written and practical exam;
3. be currently employed by a certified agency as a CET;
4. have completed a Montana Department of Justice background check;
5. verify that the applicant is at least 18 years of age or an emancipated minor;
6. have license verifications from other states where certified as an euthanasia technician;
7. have submitted a completed application prescribed by the board accompanied by the appropriate fee to the Board office.

The Board may allow submission of a current euthanasia technician license from another state or province to meet requirements for the training program and examinations, if the Board determines that the other state's or province's standards for the euthanasia certification are substantially equivalent to or greater than Montana's euthanasia standards.

GENERAL INFORMATION

6 copies (plus original) of the completed application and all supporting documents submitted by you must be received in the Board office before your application can be sent to the Board for review.

B. SUPPORTING DOCUMENTS:

1. Application fee of \$80 (non-refundable) made payable to the Board of Veterinary Medicine.
2. Photograph approximately 2" X 2" taken within 2 years of the date of application, certified by a notary.
3. Documentation of successful completion of a board-approved training program taken within three years from the application date.
4. Documentation of successful completion of a board-approved written and practical exam.
5. Verification of all current employment at certified agencies.
6. Verification of a completed Montana Department of Justice background check. Contact Department of Justice 303 N Roberts, Helena MT 59620-1403 1-406-444-3625 for background check procedures.
7. Verification that the applicant is at least 18 years of age or an emancipated minor established by an official copy of a birth certificate or driver's license.
8. If certified in another state as a euthanasia technician, letter of good standing (with official state seal) from other state(s). **The candidate will be responsible for contacting these jurisdictions and paying any fees that are required.**

Send applications to:
MONTANA BOARD OF VETERINARY MEDICINE
CHERYL BRANDT, PROGRAM MANAGER
301 S PARK, ROOM 430
PO BOX 200513
HELENA MT 59620-0513
(406) 841-2394

E-Mail: dlibsdrvvet@state.mt.us Website: www.discoveringmontana.com/dli/vet

MONTANA BOARD OF VETERINARY MEDICINE
301 S Park, 4th Floor
PO Box 200513
Helena, MT 59620-0513
(406) 841-2394 FAX (406) 841-2305
E-MAIL dlibsdrvvet@state.mt.us
<http://discoveringmontana.com/dli/vet>

AFFIX PHOTO
HERE
PASSPORT SIZE

Application for Licensure as: ☐ Euthanasia Technician

1. FULL NAME: _____
Last First Middle

2. OTHER NAME(S) KNOWN BY: _____

3. BUSINESS NAME: _____

4. BUSINESS ADDRESS: _____
Street or PO Box # City State Zip Country

5. HOME ADDRESS: _____
Street or PO Box # City State Zip Country

PREFERRED MAILING ADDRESS: ☐ Business ☐ Home E-MAIL ADDRESS: _____

6. TELEPHONE: (____) _____ (____) _____ (____) _____
Business Home Fax

7. SOCIAL SECURITY NUMBER: _____ FOREIGN ID NUMBER: _____
☐ MALE

8. DATE OF BIRTH _____ PLACE OF BIRTH _____
City/State ☐ FEMALE

9. LICENSE NAME: _____
(State your name, as it should appear on the license if granted.)

10. Euthanasia Examinations Taken:

| Dates Taken | Location | State | Candidate Identification No. |
|-------------|----------|-------|------------------------------|
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11. Academic Degrees Received: (Include certificates equivalent to degrees. List latest degree first)

| Degree | Date Received | Institution | Major | Minor(s) |
|--------|---------------|-------------|-------|----------|
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12. Professional Experience as a Euthanasia Technician List all experience of professional consequence including unpaid as well as paid, concurrent as well as consecutive, starting at date of application and working back. Attach additional sheet if necessary. Applicant should follow the same format as below in each case.

| | | |
|--|--|----|
| Date: | From | To |
| Organization/Address: | | |
| Exact Title: | | |
| Hours per week: | Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name, title and present address of immediate supervisor: | | |
| Description of work: | | |

| | | |
|--|--|----|
| Date: | From | To |
| Organization/Address: | | |
| Exact Title: | | |
| Hours per week: | Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name, title and present address of immediate supervisor: | | |
| Description of work: | | |

| | | |
|--|--|----|
| Date: | From | To |
| Organization/Address: | | |
| Exact Title: | | |
| Hours per week: | Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name, title and present address of immediate supervisor: | | |
| Description of work: | | |

| | | |
|--|--|----|
| Date: | From | To |
| Organization/Address: | | |
| Exact Title: | | |
| Hours per week: | Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name, title and present address of immediate supervisor: | | |
| Description of work: | | |

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplementary Sheet.

13. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐Yes ☐ No
14. Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16th birthday. If yes, attach a detailed explanation. ☐Yes ☐ No
15. Has any legal or disciplinary action been filed against you, which relates to the propriety or your fitness to practice as a euthanasia technician? If yes, attach explanation. ☐Yes ☐ No
16. Have you ever been charged with fraud, formally or informally, in any civil proceeding? If yes, attach a detailed explanation. ☐Yes ☐ No
17. Have you been found using any prescription drugs, alcoholic beverages, or illegal chemical substances with in the last three years to an extent that such use has impaired your ability to perform the work of a euthanasia technician with safety to the public? ☐Yes ☐ No
18. Have you been treated for the use or misuse of any prescription drug, alcoholic beverage or illegal chemical substance within the last three years? ☐Yes ☐ No
19. Have you been hospitalized or a patient in a mental or other institution of confinement or have you been treated for a mental or behavioral condition within the last three years? ☐Yes ☐ No
20. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? ☐Yes ☐ No
21. Have you ever been denied the right to sit the euthanasia licensing examination in any state? If yes, give details. ☐Yes ☐ No
22. Have you ever sat for a euthanasia technician exam in Montana or any other state? If yes, give state, date, and results. ☐Yes ☐ No
23. List any and all states and Canadian provinces in which you have ever been licensed (certified).

| State/Canadian Provinces | License Number | Date Issued | Is the license Current? |
|--------------------------|----------------|-------------|-------------------------|
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24. Do you have any physical impairment requiring special accommodations in taking the examination? Please include a statement of your needs with this application. ☐Yes ☐ No
25. Have you ever had a license (certificate) denied, revoked, or suspended? If yes, give details. ☐Yes ☐ No
26. Has your license (certificate) ever been forfeited or surrendered? If yes, give details. ☐Yes ☐ No

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Department of Labor and Industry, Healthcare Licensing Bureau.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Dated

Subscribed and sworn to before me this _____ day of _____, _____ at

City/State

Signature of Notary Public

SEAL

Notary Public Printed Name

For the State of

My commission expires _____, _____.